

*Missouri Department of
Health and Senior Services*



Public Health Works

A Web-Based
Orientation Manual
for Public Health Leaders

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REVISED March 2019

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Introduction

Public Health Works is designed to serve as a resource for Boards of Health, County Commissions, and local public health agency administrators. It provides basic information about a number of topics related to health agency administration, as well as links to more detailed documents and other related websites.

The Missouri Department of Health and Senior Services are pleased to provide this resource and we hope it is valuable. If you have questions, comments, or suggestions about the content of Public Health Works, please contact the Center for Local Public Health Services at 920 Wildwood, P.O. Box 570, Jefferson City, MO 65102-0570, or by phone or e-mail at 573-751-6170, CLPHS1@health.mo.gov.

Acknowledgements:

Thanks to the Center for Local Public Health Services staff who made this project possible.

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What is Public Health?

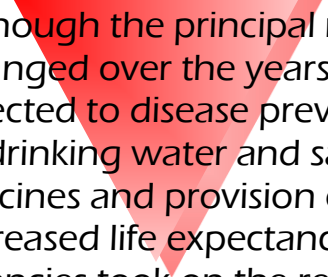
Public health and its benefits to Missourians are not well understood by many. Some people associate public health with immunizations for children and inspection of restaurants. Others see public health as the dedicated “county nurse” visiting older people in their homes. But few realize the broad range of activities and responsibilities for which public health is accountable.

Actually, public health is a sophisticated science for identifying and dealing with real and potential health threats to the community. Public health’s primary purposes are to improve the health of communities, to prevent disease from occurring, and to save lives. An effective public health system:

- assesses and promotes health and safety;
- prevents or minimizes the occurrence of diseases and injuries;
- plans, prepares, and responds to natural and manmade disasters;
- identifies barriers, and facilitates access to primary and preventive health care; and
- enforces public health laws and regulations.

Public health relies upon a diverse group of professionals including nurses, environmental specialists, health educators, administrators, nutritionists, epidemiologists, physicians, and laboratory workers. Others, not usually thought of as public health workers, are also essential to public health work (for example soil scientists, attorneys, engineers, accountants, and computer program designers). Each of these individuals, with their own unique set of knowledge and skills, and the organizations that employ them, make up the public health system. Working as a system, public health is able to protect citizens from communicable diseases and other threats. Public health workers use surveillance to discover the source of a disease or environmental threat, identify and treat those who may have been exposed, and assure that the threat is reduced or eliminated.

Public health is often confused with health care. A health care provider diagnoses and treats each of his/her individual patients. Public health professionals diagnose whole communities and develop a plan of action to improve the health status of the entire population. Public health professionals collaborate and bring together those who can affect a problem.



Although the principal role of public health has remained the same, its focus has changed over the years. Early in the 20th century, public health efforts were primarily directed to disease prevention. Environmental safeguards, such as assuring the safety of drinking water and sanitary disposal of sewage, along with the development of vaccines and provision of immunizations, greatly reduced disease incidence and increased life expectancy. In the latter part of the 20th century many public health agencies took on the responsibility of providing care to indigent populations. Because expanded insurance coverage has made personal health services more accessible to most people, public health is now able to focus more closely on its principal roles of protecting the public and promoting health.

Entering into the 21st century, public health has many challenges such as new diseases, infections and bioterrorism threats. Rapid transit can bring novel, previously non-existent threats to our communities from a world away in a matter of hours. Building capacity and assuring readiness to confront these challenges is essential.

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What Are The Core Functions of Public Health?

The core functions of public health describe the fundamental responsibilities of Missouri's public health system. Governmental public health agencies have an obligation to prevent disease and to protect and promote the health of all people within their jurisdiction. This public health obligation can be described as the three core public health functions: assessment, policy development and planning, and assurance.

Assessment gathers information including statistical data and firsthand knowledge from people living in a community to determine the major health risks and problems. The policy development and planning function uses information from the assessment process to design programs, develop public policy, and implement strategies to reduce risk and improve health. Assurance focuses on enforcement of laws, rules and regulations that protect health, and accessibility of quality health services for all members of a community. The Missouri Core Public Health Functions Task Force defined the principal elements and key activities necessary to carry out the core functions of public health for Missouri in 1995.

Another way of describing the core of public health is the ten essential services developed by a work group at the Centers for Disease Control and Prevention. The ten essential services are:

- 1. Monitor health status to identify and solve community health problems:** This service includes assessing the health status of people living in the community and identifying threats to health, especially for those at higher risk because of environmental or occupational conditions, social or economic situations, or risk behavior.
- 2. Diagnose and investigate health problems and health hazards in the community:** This service includes active surveillance for infectious and chronic disease and investigation of outbreaks and patterns of disease or injury. This service also includes identifying emerging health threats that require laboratory capacity to conduct screening and testing.

3. **Inform, educate, and empower people about health issues:** This service involves providing accessible health information and collaborating with personal health care providers to reinforce health promotion messages. It may also mean working with schools, churches, and worksites to be sure people have the information they need to remain healthy.
4. **Mobilize community partnerships and actions to identify and solve health problems:** This service convenes and facilitates community groups in order to define what is needed in the community and to bring resources together for a common purpose.
5. **Develop policies and plans that support individual and community health efforts:** This service requires leadership by public health officials to set goals and develop plans for health improvement. It may include development of policies, regulations and legislation to guide public health practice.
6. **Enforce laws and regulations that protect health and ensure safety:** This service involves enforcement of sanitary codes for public facilities, protection of drinking water supplies, follow up on hazardous environmental exposures and preventable injuries, and monitoring of medical service and other providers.
7. **Link people to needed personal health services and assure the provision of health care when otherwise unavailable:** This service, which is sometimes referred to as outreach, includes assuring that socially disadvantaged people can receive the care they need. This often requires ongoing case management and provision of culturally and language appropriate materials to link special populations to primary and preventive services.
8. **Assure a competent public and personal health care workforce:** This service includes education and training for public health and personal health care providers. It includes a process for licensure of professionals and certification of facilities and creation of incentive programs to attract health care providers for underserved areas.
9. **Evaluate effectiveness, accessibility and quality of personal and population based health services:** This service involves ongoing evaluation of health programs to assess effectiveness and to gather information for allocating resources.
10. **Research for new insights and innovative solutions to health problems:** This service includes linkages with institutions of higher education and research.

Structure of Missouri's Public Health System

The public health system in Missouri is multi-faceted. The governmental portion of the system includes the Missouri Department of Health and Senior Services (MDHSS), 114 local public health agencies, and various federal agencies including the Centers for Disease Control and Prevention (CDC). The governmental segment of the public health system works with multiple partners such as other governmental agencies, nurses, physicians, hospitals, laboratories, schools, childcare providers, social service agencies, and faith and civic organizations. Through collaboration among these partners, a public health system exists to serve the people of Missouri.

A workforce of over 2,239 professionals serves in the 114 local public health agencies and nearly 2,000 are employed by MDHSS. The true extent of Missouri's public health workforce, which includes many outside of governmental public health agencies, is not known. It is currently estimated that over 500,000 professionals make up the national public health workforce.

Most local public health agencies were formed under Chapter 205, Revised Statutes of Missouri (RSMo), which permits the counties to pass a property tax measure to support local public health. These public health agencies have an elected Board of Trustees who set policy for their agencies. Locally elected bodies such as county commissions, city or county councils govern the majority of the remaining local public health agencies. These agencies are supported by city and/or county general revenue. Several agencies in the state have other types of contractual agreements among government entities.

Local public health agencies are autonomous and operate independently of each other and of the state and federal public health agencies. However, through contracts, they are connected to MDHSS to create the heart of Missouri's public health system. MDHSS receives funds from CDC and other federal agencies. Much of the federal money and some funding from state general revenue is distributed to local public health agencies to help support the delivery of public health services in communities throughout Missouri. MDHSS also provides technical support; laboratory services a communication network, and other vital services to aid local efforts.

MDHSS is one of 16 executive departments in Missouri state government, and the state director of Health and Senior Services is a member of the governor's cabinet. The department has many legal and professional responsibilities, including inspection and licensing of facilities, data collection and analysis, emergency response, communicable disease control, public education, and laboratory services.

Other state agencies share public health responsibilities with MDHSS and are an important part of the public health system. For example, the Missouri Department of Natural Resources regulates public water supplies, provides air and water pollution control, and oversees solid and toxic waste management. The Missouri Department of Public Safety is responsible for highway and water safety programs and emergency management. In addition, the departments of Social Services, Mental Health, Agriculture, and Higher Education share responsibilities for many health related programs and activities.

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History of the Local Public Health Agencies in Missouri

In 1932, only six counties in Missouri had a public health agency, and all of the agencies were administered by the county courts.

State law was changed in 1948 to allow the establishment of county public health agencies supported by a tax levy and governed by an elected board of Trustees. The number of health agencies had increased to 21 by then, and several counties passed the tax levy by the required two-thirds majority vote.

In 1973, 38 counties in the state still did not have a public health agency. The state legislature appropriated approximately \$2.5 million in federal funds to help counties establish public health agencies. The public health agencies established with these dollars were called demonstration units. Counties where the demonstration units were established were expected to put on the ballot a tax levy to support the agency within 18 to 24 months. The number of counties with tax levy support increased dramatically, dispersed throughout the state. Many of the demonstration unit agencies became certified under Medicare to deliver home health services.

By 1991, the number of local health agencies supported by a tax levy had grown to 81. The majority of the public health agencies governed by county commissions were located in the central part of the state.

Presently, the 114 local public health agencies in Missouri have various forms of governance. Most (89) of the agencies are established under Chapter 205 RSMo and funded by a dedicated tax. County commissions govern 18 of the agencies, and the remaining 8 have other forms of governance, including city charter, city/county agreement, or other unique agreement.

The majority of the state's population is served by metropolitan public health agencies, many of which are organized under city charter, city/county structure or other agreed upon arrangement.

Local Public Health Agencies by Governance map:
<http://www.health.mo.gov/living/lpha/pdf/ColorMapLPHA.pdf>

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Missouri's Local Public Health Agencies

For more detailed information about the service areas of each of these agencies, go to:
<http://www.health.mo.gov/living/lpha/lphas.php>

Agency Name	Date Established	2018 Tax Levy	Governance
Adair Co. Health Dept.	April, 1980	\$.1996	Board of Trustees
Andrew Co. Health Dept.	April, 1975	.0861	Board of Trustees
Atchison Co. Health Dept.	February, 1964	.0986	Board of Trustee
Audrain Co. Health Dept.	March, 1961	.2525	Chapter 70 Board
Barry Co. Health Dept.	July, 1953	.0704	Board of Trustees
Barton Co. Health Dept.	June, 1969	.1495	Board of Trustees
Bates Co. Health Center	August 3, 1976	.0837	Board of Trustees
Benton Co. Health Dept.	August 3, 1976	.3883	Board of Trustees
Bollinger Co. Health Center	June, 1959	.2458	Board of Trustees
Butler Co. Health Dept.	March, 1948	.0961	Board of Trustees
Caldwell Co. Health Dept.	March, 1977	.2319	Board of Trustees
Callaway Co. Health Dept.	1940		County Commission
Camden Co. Health Dept.	August, 1958		County Commission
Cape Girardeau Co. Pub. Health Ctr.	August, 1986	.0960	Board of Trustees
Carroll Co. Health Dept.	February, 1981	.0954	Board of Trustees
Carter Co. Health Center	November, 1954	.2301	Board of Trustees
Cass Co. Health Dept.	1938		County Commission
Cedar Co. Health Dept.	1991		County Commission/
Cedar County Hosp.			
Chariton Co. Health Center	May, 1986	.1000	Board of Trustees
Christian Co. Health Dept.	September, 1970	.0444	Board of Trustees
Clark Co. Health Dept.	April, 1980	.1000	Board of Trustees
Clay Co. Public Health Ctr.	1953	.0984	Board of Trustees
Clinton Co. Health Dept.	February, 1981	.0927	Board of Trustees
Cole Co. Health Dept.	1916		County Commission
Columbia/Boone Co. Dept. of Public Health and Human Services	1915		City Council and County Commission
Cooper Co. Public Health Ctr.	March, 1933	.1897	Board of Trustees
Crawford Co. Nursing Service	October, 1939		County Commission
Dade Co. Health Dept.	April, 1969	.0927	Board of Trustees
Dallas Co. Health Dept.	Late 1953	.1005	Board of Trustees
Daviess Co. Health Dept.	April, 1976	.2407	Board of Trustees
Dent Co. Health Center	January, 1963	.0953	Board of Trustees
Douglas Co. Health Dept.	June, 1976	.2006	Board of Trustees
Dunklin Co. Health Dept.	May, 1948	.1000	Board of Trustees
Franklin Co. Dept. of Health	1987		County Commission
Gasconade Co. Health Dept.	Gasconade – April, 1976	.0965	Board of Trustees/
Grundy Co. Health Dept.	April, 1977	.2927	Board of Trustees
Harrison Co. Health Dept.	March, 1977	.2947	Board of Trustees
Henry Co. Health Ctr.	November, 1976	.0974	Board of Trustees
Hickory Co. Health Dept.	May, 1969	.1516	Board of Trustees
Holt Co. Health Dept.	1993		County Commission
Howard Co. Pub. Health Dept.	1935		County Commission
Howell County Health Dept.	2003	.0970	Board of Trustees
(Replaces South Central Public Health Services Group, Inc.)	(1995)		
Iron Co. Health Dept.	January, 1959	.0936	Board of Trustees

Jackson Co. Health Dept.	1925	.2259	County Council/
Jasper Co. Health Dept.	Truman Hospital 1940		County Commission
Jefferson Co. Health Dept.	July, 1949	.1079	Board of Trustees
Johnson Co. Community Health Serv.	November, 1976	.0978	Board of Trustees
Joplin City Health Dept.	1903		City Council
Kansas City Health Dept.	1866		City Council
Knox Co. Health Dept.	November, 1976	.0977	Board of Trustees
Laclede Co. Health Dept.	1948	.1000	Board of Trustees
Lafayette Co. Health Dept.	1985	.0713	Board of Trustees
Lawrence Co. Health Dept.	1938		County Commission
Lewis Co. Health Dept.	July, 1953	.2460	Board of Trustees
Lincoln Co. Health Dept.	August, 1966	.1820	Board of Trustees
Linn Co. Health Dept.	March, 1977	.2340	Board of Trustees
Livingston Co. Health Ctr.	August, 1976	.3414	Board of Trustees
McDonald Co. Health Dept.	1934 or 1935		County Commission
Macon Co. Health Dept.	June, 1949	.1418	Board of Trustees
Madison Co. Health Dept.	July, 1949	.2550	Board of Trustees
Marion Co. Health Dept.	1926	.1118	Board of Trustees
Mercer Co. Health Dept.	August, 1976	.2701	Board of Trustees
Miller Co. Health Ctr.	January, 1925	.1238	Board of Trustees
Mississippi Co. Health Dept.	April, 1949	.1000	Board of Trustees
Moniteau Co. Health Ctr.	April, 1986	.1500	Board of Trustees
Monroe Co. Health Dept.	March, 1976	.0941	Board of Trustees
Montgomery Co. Health Dept.	1987	.1451	Board of Trustees
Morgan Co. Health Ctr.	February, 1962	.0774	Board of Trustees
New Madrid Co. Health Dept.	November, 1950	.1000	Board of Trustees
Newton Co. Health Dept.	August, 1948	.0500	Board of Trustees
Nodaway Co. Health Ctr.	August, 1974	.0500	Board of Trustees
Oregon Co. Health Dept.	November, 1965	.0930	Board of Trustees
Osage Co. Health Dept.	2010		County Commission
Ozark Co. Health Ctr.	Gasconade/Osage – September, 1965 June, 1962	.0905	County Commission Board of Trustees
Pemiscot Co. Health Ctr.	April, 1949	.1000	Board of Trustees
Perry Co. Health Dept.	April, 1976	.1844	Board of Trustees
Pettis Co. Health Ctr.	August, 1986	.0925	Board of Trustees
Phelps/Maries Co. Health Dept.	Phelps 1941-42 Maries 1991		County Commission
Pike Co. Health Dept.	July 1940	.2500	Board of Trustees
Platte Co. Health Dept.	1952	.0783	Board of Trustees
Polk Co. Health Ctr.	March, 1969	.1763	Board of Trustees
Pulaski Co. Health Ctr. and Home Health Agency	March, 1951	.0723	Board of Trustees
Putnam Co Health Dept.	August 3, 1976	.2763	Board of Trustees
Ralls Co. Health Dept.	September, 1957	.0954	Board of Trustees
Randolph Co. Health Dept.	June, 1980	.1450	Board of Trustees
Ray Co. Health Dept.	December 18, 1976	.0955	Board of Trustees
Reynolds Co Health Ctr.	September, 1952	.1000	Board of Trustees
Ripley Co. Public Health Ctr.	August, 1954	.1433	Board of Trustees
St. Charles Co. Dept. of Public Health	1958		City Council
St. Clair Co. Health Ctr.	September, 1977	.2070	Board of Trustees
St. Francois Co. Health Ctr.	April, 1976	.0917	Board of Trustees
City of St. Joseph Health Dept.	Buchanan/Before 1937 St. Joseph, 1985		City Council and County Commission
City of St. Louis Dept. of Health	1967		City Council
St. Louis Co. Dept. of Public Health	1937		County Council
Ste. Genevieve Co. Health Dept.	August 3, 1976	.0964	Board of Trustees
Saline Co. Health Dept.	1955	.1255	Board of Trustees
Schuyler Co. Health Dept.	April, 1979	.3000	Board of Trustees
Scotland Co. Health Dept.	April, 1980	.1486	Board of Trustees
Scott Co. Health Dept.	November, 1949	.1000	Board of Trustees

Shannon Co. Health Ctr.	April, 1961	.1000	Board of Trustees
Shelby Co. Health Dept.	April, 1978	.2500	Board of Trustees
Springfield-Greene Co. Health Dept.	1873		City Council and
	(City of Springfield)		County Commission
Stoddard Co. Public Health Ctr.	April, 1989	.1000	Board of Trustees
Stone Co. Health Dept.	April, 1978	.0785	Board of Trustees
Sullivan Co. Health Dept.	March, 1977	.2496	Board of Trustees
Taney Co. Health Dept.	September, 1960	.1404	Board of Trustees
Texas Co. Health Dept.	January, 1987	.0975	Board of Trustees
Tri-Co. Health Dept.	1985		Chapter 70 Board
	(DeKalb/Gentry/Worth)		
Vernon Co. Health Dept.	May, 1974	.1000	Board of Trustees
Warren Co. Health Dept.	1993		County Commission
Washington Co. Health Dept.	December, 1948	.1438	Board of Trustees
Wayne Co. Health Ctr.	January, 1948	.0987	Board of Trustees
Webster Co. Health Unit	September, 1957	.1324	Board of Trustees
Wright Co. Health Dept.	November, 1949	.1821	Board of Trustees

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Missouri Voluntary Accreditation Program for Local Public Health Agencies

Accreditation is a credential given to an agency or institution that meets a defined set of standards. Society requires increased accountability and collaboration from public and private sector organizations in today's world of limited resources. For institutions such as hospitals, schools, home health agencies, universities, etc., accreditation standards are well established. Voluntary accreditation for public health agencies can assist in establishing credibility among public and private partners and provide accountability to the public. Standards will establish recognizable quality markers, and validate and support the use of public and private funding for the public health system. For more information about voluntary accreditation in Missouri, see <http://michweb.org/accreditation/>

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Governing Bodies for Local Public Health Agencies

The types of local public health agencies in Missouri include:

- Board of Trustees operated agencies
- County commission created agencies
- Agencies created by city charter
- Contractually created agencies

The majority of local public health agencies in Missouri operate under Boards of Trustees. They are:

- Created by petition and vote of the people: Chapter 205 RSMo is the operating authority. It allows a county, by a simple majority vote of the citizens, to assess up to 40 cents per \$100 valuation for the establishment, maintenance, management and operation of a county health center and the maintenance of the personnel required for operation of the health center.
- Board of Trustees is elected:
 1. County Commission appoints the first board, to serve until the election.
 2. If a vacancy occurs between elections, the Commission appoints an individual to fill the vacancy.
 3. At the February Commissioners' meeting, the administrator is appointed the health officer for the county.
- Information for required notice of election for board member candidates and the election process can be found at:
<http://www.moga.mo.gov/statutes/C100-199/1150000127.HTM>
- Chapter 205 identifies Board duties and powers:
<http://www.moga.mo.gov/statutes/C200-299/2050000042.HTM>
- 1. Trustees are required to take the oath of civil officers and to elect a board chairman, secretary and treasurer.

2. Trustees shall not be compensated for their services.
 3. The trustees shall make and adopt bylaws, rules and regulations for their own guidance and for the governing of the health center as may be deemed expedient for its economic and equitable conduct.
 4. The trustees shall have exclusive control of the expenditures of all moneys collected to the credit of the county health center and for the purchase, construction, supervision, care and custody of the health center building.
 5. All funds received for the health center shall be used solely for the center in accordance with the provisions of sections 205.010 to 205.150 RSMo.
 6. The Board may appoint and remove personnel as needed and determine their compensation. With the generally accepted practice of the board focusing on setting policy and providing broad oversight, the board usually hires the administrator and the administrator is responsible for the management of the operations of the agency, including hiring of the remainder of staff.
 7. The Board shall meet at least once a month and keep a record of its proceedings.
 8. One board member shall visit and examine the health center at least twice each month.
 9. The Board is to set the rate of the tax levy annually.
 10. The Board may enter into contracts for the furtherance of health activities.
- The health center's purpose is the improvement of health of all inhabitants of the county or counties.

County commission created local public health agencies:

<http://www.moga.mo.gov/statutes/C100-199/1920000280.HTM>

- May have a physician appointed as health officer.
- Health officer may have deputies or assistants in counties of class one, except counties of the first class not having a charter form of government, and in any county of the second class in which the circuit court sits in more than one city and which has a population of at least fifty-eight thousand but not more than sixty-five thousand.

- The duty of the county health officer is to enforce the rules and regulations of the Missouri Department of Health and Senior Services outside of incorporated cities that maintain a health officer.
- May be created as a health unit without a health officer.

City charter created local public health agencies:

- The city charter provides the specific authority to operate an agency.
- The usual purpose of the agency is to protect the health of the inhabitants or stop the spread of communicable diseases.

County commission created local public health agencies:

<http://www.moga.mo.gov/statutes/C000-099/0700000010.HTM>

- Chapter 70 RSMo provides that two or more contiguous counties may join in performing any common function or service.
- The contract may provide for common employees.
- The county commissions participating in the contract shall administer the delegated powers and allocate the cost among the counties.

All agencies, regardless of how created, are required to follow the provisions of the Open Records/Meeting law (Sunshine Law) in Chapter 610 RSMo. The Attorney General's office has a brochure that can be requested by calling 573-751-3321. Consult a local attorney for any needed legal opinion.

<http://ago.mo.gov/missouri-law/sunshine-law>

This is not an inclusive description of local public health agencies and how they operate in Missouri. For a complete description, consult the appropriate statute(s) and for a legal interpretation, consult a local attorney.

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Governing Body Responsibilities Checklist

Governing bodies, like boards for large corporations, have very broad duties with agencies they oversee. The “Governing body Responsibilities Checklist” is a quick way of assessing if those areas of concern are addressed.

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
1. Make big decisions for the future. How satisfied are you that your public health agency as identified a general direction to pursue for the next few years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Make sure the agency stays accountable to its constituencies. How satisfied are you that your public health agency as doing the job it has set out to do and can make itself accountable to the community? How satisfied are you that there is someone identified to speak to the press on your public health agency's behalf?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Get help when you need it. How satisfied are you that your public health agency gets help when it needs it? How satisfied are you that your public health agency is able to pool resources with other agencies with the same or similar goals?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Be ambassadors to the community. How satisfied are you that your public health agency has identified the right people and community groups to be in contact with? Has your public health agency assigned a representative(s) to be the primary contact(s)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Keep it legal and safe. How satisfied are you that there is adequate insurance? How satisfied are you that an appropriate person(s) has been assigned to monitor legal compliance?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Handle the money and file the forms. How satisfied are you that the responsibility for financial management has been assigned appropriately? How satisfied are you that your public health agency's federal, state, and local requirements have been met?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Role Clarity for Board and Administrator. How satisfied are you that the proper authority has been delegated to your administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Get the work done. How satisfied are you that the work of your public health agency is being done well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Personal Financial Disclosure Filing Requirements

Personal financial disclosure statements are filed by elected officials with the Missouri Ethics Commission annually. As with the laws dealing with lobbying and campaign finance, disclosure is the key. This summary, prepared by the Missouri Ethics Commission, includes various questions about personal financial disclosure reports. It is used as an aid to understanding the statutory requirements and to assist individuals required to file a personal financial disclosure statement. For a more detailed account of the filing requirements, please consult

<http://www.moga.mo.gov/statutes/C100-199/1050000483.HTM>

<http://www.moga.mo.gov/statutes/C100-199/1050000485.HTM>

<http://www.moga.mo.gov/statutes/C100-199/1050000487.HTM>

Or contact the:

Missouri Ethics Commission 573/751-2020 or 800/392-8660

P.O. Box 1254

Jefferson City, MO 65102

<http://www.moethics.mo.gov/>


Source: Missouri Ethics Commission

What is the purpose of filing a personal financial disclosure statement?

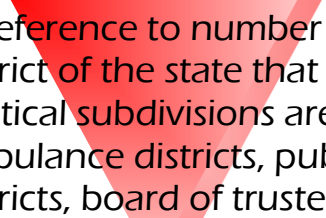
The requirement to file a personal financial disclosure statement is based on the principle that information concerning possible conflicts of interest should be available to the public. Portions of Chapter 105, RSMo outline the requirements for disclosing conflicts of interest and possible conflicts of interest. The purpose of this requirement is to disclose any possible conflicts of interest public officials may have with the political subdivision that they are serving. For a more detailed account of the conflict of interest laws, please refer to Sections 105.483 through 105.492, RSMo.

Who is required to file the personal financial disclosure statement?

Individuals required to file under Chapter 105, RSMo, are described in Section 105.483, RSMo as follows:

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1. Associate Circuit judges, circuit court judges, judges of the courts of appeals and of the Supreme Court, and candidates for any such office;
 2. Persons holding an elective office of the state, whether by election or appointment, and candidates for such elective office, except those running for or serving as county committee members for a political party pursuant to Section 115.609, RSMo or Section 115.611, RSMo;

3. The principal administrative or deputy officers or assistants serving the governor, lieutenant governor, secretary of state, state treasurer, state auditor and attorney general, which officers shall be designated by the respective elected state official;
4. The members of each board or commission and the chief executive officer of each public entity created pursuant to the constitution or interstate compact or agreement and the members of each board of regents or curators and the chancellor or president of each state institution of higher education;
5. The director and each assistant deputy director and the general counsel and the chief purchasing officer of each department, division and agency of state government;
6. Any official or employee of the state authorized by law to promulgate rules and regulations or authorized by law to vote on the adoption of rules and regulations;
7. Any member of a board or commission created by interstate compact or agreement, including the executive director and any Missouri resident who is a member of the bi-state development agency created pursuant to Sections 70.370 to 70.440, RSMo;
8. Any board member of a metropolitan sewer district authorized under Section 30(a) of article VI of the state constitution;
9. Any member of a commission appointed or operating pursuant to Sections 64.650 to 64.690, RSMo, Sections 67.650 to 67.658, RSMo, or Sections 70.840 to 70.859, RSMo;
10. The members, the chief executive officer and the chief purchasing officer of each board or commission which enters into or approves contracts for the expenditure of state funds;
11. Each elected official, candidate for elective office, the chief administrative officer, the chief purchasing officer, and the general counsel, if employed full time, of each political subdivision with an annual operating budget in excess of one million dollars, and each official or employee of a political subdivision to promulgate rules and regulations with the force of law or to vote on the adoption of rules and regulations with the force of law, unless the political subdivision adopts an ordinance, order or resolution pursuant to subsection 4 of Section 105.485;
12. Any person who is designated as a decision-making public servant by any of the officials or entities listed in subdivision (6) of Section 105.450.




In reference to number eleven (11), a **political subdivision** is a special district or sub district of the state that has the authority to assess a property tax. Examples of political subdivisions are cities, villages, counties, schools, library districts, fire districts, ambulance districts, public water supply districts, nursing home districts, hospital districts, board of trustees' health departments and road districts.

Please note that even if you are a volunteer and not compensated for your services for one of the above positions, you may still be required to file a personal financial disclosure statement.

Individuals serving in political subdivisions that have an annual operating budget under one million dollars are not required to file a personal financial disclosure statements. However, it is the responsibility of that political subdivision to notify the Missouri Ethics Commission **each year** that their annual operating budget is under one million dollars.

Who decides which individuals are required to file a personal financial disclosure statement?

Most of the individuals that fall within the description of a required filer are designated to file a personal financial disclosure statement by the entity in which they are serving. Each of the entities listed in Section 105.450 (6), RSMo are required to provide the Missouri Ethics Commission with the names of individuals required to file a personal financial disclosure statement. The entities listed in Section 105.450 (6) are as follows:

- 
1. The governing body of the political subdivision with a general operating budget in excess of one million dollars;
 2. A department director;
 3. A judge vested with judicial power by article V of the Constitution of the State of Missouri;
 4. Any commission empowered by interstate compact;
 5. A statewide elected official;
 6. The speaker of the house of representatives;
 7. The president pro tem of the senate;
 8. The president or chancellor of a state institution of higher education.

If you do not understand why you were designated, please contact the entity that designated you as an individual required to file a personal financial disclosure statement. Each entity is responsible for notifying designated individuals of their

requirement to file a personal financial disclosure statement. The Missouri Ethics Commission is not responsible for designating required filers for the entities listed above. The Missouri Ethics Commission is only responsible for assuring compliance with this requirement. If you are still unsure as to whether or not you are required to file a personal financial disclosure statement, please contact the Missouri Ethics Commission. The Missouri Ethics Commission may be able to guide you, assuming that the entity that you are associated with has provided us with a list of individuals designated to file a personal financial disclosure statement.

If I have retired or resigned from a position that required me to file a personal financial disclosure statement, am I still required to file?

You are still required to file a personal financial disclosure statement for the time period that you served in a position that requires you to file a personal financial disclosure statement. Please notify the Missouri Ethics Commission of your retirement or resignation so that we may reflect this information in our records.

What is my deadline for filing a personal financial disclosure statement? What time period should my disclosure statement cover?

There are three possible filing deadlines for individuals required to file a personal financial disclosure statement. However, if you are required to file for more than one position with different deadlines, you should always file with respect to the earlier deadline. According to Section 105.487, RSMo, “. . . no person is required to file more than one financial interest statement in any calendar year.”

- 1.** If you are designated to file a personal financial disclosure statement and are not newly appointed or a candidate, then you are required to file after January 1, but no later than **May 1** of each year. Your personal financial disclosure statement must either be received in our office no later than 5:00 p.m. on May 1, or have a postmark of April 30 to be considered timely filed. For individuals required to file May 1, the time period covered by the statement should be the calendar year ending the previous December 31. For example, if your personal financial disclosure statement is due on May 1, 1997, then your time period would cover January 1, 1996 through December 31, 1996.
- 2.** If you are **newly appointed or employed** in a position in which you are required to file a personal financial disclosure statement, then your deadline for filing the statement is thirty (30) days from the date you were appointed. Your personal financial disclosure statement must be received in our office no later than 5:00 p.m. on the thirtieth day after your appointment or have a postmark of the day previous to the deadline to be considered timely filed. The time period covered by the statement should be the calendar year ending the immediately preceding December thirty-first. For example, if you are appointed to a position sometime between January 1, 1997 and

December 21, 1997, then your time period covered would be from January 1, 1996, through December 31, 1996.

3. If you are a **candidate** that is required to file a personal financial disclosure statement, then your deadline for filing a personal financial disclosure statement is fourteen (14) days from the closing date of filing for candidacy. Your personal financial disclosure statement must be received in our office no later than 5:00 p.m. on the fourteenth day following the closing date for filing for candidacy, or postmarked the day previous to the deadline to be considered timely filed. The time period covered by the statement should be the twelve months previous to the closing date for filing for candidacy. For example, if the closing date for filing for candidacy was January 13, 1997, then the deadline for filing your personal financial disclosure statement would be January 27, 1997. The time period covered by your statement would be January 13, 1996, through January 12, 1997.

If you are still unsure about your filing deadline or what time period your statement should cover, please contact the Missouri Ethics Commission.

Do I get an extension if my filing deadline falls on a state holiday or weekend?

In reference to Section 105.487 (4),

“... When the last day for filing falls on a Saturday or Sunday or on an official state holiday, the deadline for filing is extended to 5:00 p.m. on the next day which is not a Saturday or Sunday or official holiday. Any statement required within a specified time shall be deemed to be timely filed if it is postmarked no later than midnight of the day previous to the last day designated for filing the statement.”

State law does not provide extensions for any other situations. If you plan on sending your personal financial disclosure statement to the Missouri Ethics Commission through the mail, it is recommended that you go to the post office window to view the date it is postmarked if you are close to the filing deadline. The purpose of this is to ensure a timely postmark.

Where am I required to file my personal financial disclosure statement?

Every individual required to file a personal financial disclosure statement should file with the Missouri Ethics Commission excluding judges of courts of law. Judges are required to file their personal financial disclosure statements with the clerk of the Supreme Court. Individuals that are designated to file a personal financial disclosure statement by a political subdivision that has enacted a policy relating to conflicts of interest are required to file a personal financial disclosure statement with the Missouri Ethics Commission and the clerk of the governing body of their political subdivision. If the entity or political subdivision that you are associated with does not have a policy relating to conflicts of interest, then you are only required to file with the Missouri Ethics Commission. If you are unsure of where you are required to file, please contact the Missouri Ethics Commission for assistance. Please do not fax

your personal financial disclosure statement to the Missouri Ethics Commission, since we require an original signature. Please mail or hand deliver your personal financial disclosure statement. The address is as follows:

Missouri Ethics Commission
P.O. Box 1370
Jefferson City, MO 65102

If you are sending your personal financial disclosure statement by overnight delivery or hand delivery, our physical address is as follows:

Missouri Ethics Commission
221 Metro Drive
Jefferson City, MO 65109

Which personal financial disclosure statement am I required to file?

The Missouri Ethics Commission has two types of personal financial disclosure statements. The form titled 'Personal Financial Disclosure Statement' is referred to as the 'long' form since it requests the most information. The form titled 'Financial Disclosure Statement for Political Subdivisions' is referred to as the 'short' form. The 'short' form is only filed by individuals that are designated by political subdivisions that have enacted a policy relating to conflicts of interest. Please keep in mind that state statute only allows political subdivisions to adopt a policy relating to conflicts of interest.

If you are designated to file a personal financial disclosure statement for more than one position and one position allows the short and the other requires the long, you are required to file the 'long' form. However, state statute provides that no one is required to file more than one personal financial disclosure statement per calendar year. Therefore, the 'long' form would meet your filing requirement and you would not be required to file the 'short' form in addition to the 'long' form.

What are the penalties for filing my personal financial disclosure statement after the filing deadline?

The Missouri Ethics Commission cannot waive or reduce any late filing fees associated with the personal financial disclosure statement filing requirement. Penalties for failure to file a personal financial disclosure statement may include: late filing fees, withholding of compensation (salary) or remuneration, removal from office, or removal from the ballot. As stated above, there are no extensions granted by the Missouri Ethics Commission regarding personal financial disclosure statement deadlines. If your personal financial disclosure statement is received after the filing deadline, there is a late filing fee of \$10 a day for each day that the statement is late. If the designated filer does not file by the required deadline and receives compensation or remuneration from public funds, they will not be paid until the statement is filed. If the disclosure statement remains unfilled, the Missouri Ethics

Commission will send a certified notice to the designated filer reminding them of their requirement to file and the fee associated with failure to file. If the designated filer does not file a personal financial disclosure statement within thirty days of receipt of the certified notice, the fee is raised to one hundred (\$ 100) per day for each day it is late. At this time it is also possible to be suspended or removed from your position or office for failure to file a personal financial disclosure statement.

As a candidate, if you fail to file a personal financial disclosure statement after the filing deadline, it is possible that you will be removed from the ballot. For further information regarding penalties for untimely filing or failure to file a personal disclosure statement, please refer to Sections 105.492 and 105.963.3, RSMo.

How do I appeal a late filing fee assessed by the Missouri Ethics Commission?

It is the individual's option to appeal late filing fees that are assessed against them. The Missouri Ethics Commission does not have the authority to waive or reduce the late fees that are required by Section 105.963.3, RSMo. If you wish to appeal a late filing fee, you may file a complaint against the Missouri Ethics Commission with the Administrative Hearing Commission (AHC). This must be filed with the Administrative Hearing Commission within fourteen (14) days after receiving actual notice of the late filing fee from the Missouri Ethics Commission. The AHC will conduct a formal legal proceeding to review the fee. You will have an opportunity to present evidence and legal arguments to support your claim and the Missouri Ethics Commission will be represented by an attorney from the Missouri Office of the Attorney General, who will present evidence and legal arguments on the Missouri Ethics commission's behalf. Each side will have an opportunity to rebut the evidence and arguments presented by the opposing side. The address for the Administrative Hearing Commission is P.O. Box 1557, Jefferson City, MO 65102; their phone number is (573) 751-2422; their fax number is (573) 751-5018.

Tips on completing your personal financial disclosure statement:

- When filling out your personal disclosure financial disclosure statement you are required to disclose your spouse's information and information regarding your **dependent** children.
- Read each question very carefully. If the question does not apply to you, please indicate 'none' or 'not applicable' in the space provided. This will show that you have acknowledged each question.
- If the personal financial disclosure statement does not provide enough space for your response, please feel free to include an attachment in order to provide all of the requested information.

- You are not required to disclose any dollar amounts, only sources.
- In box one (1) of the first page indicates the appropriate time period covered by the statement. If you are unsure of what time period to cover, please refer to the section titled “What time period should my disclosure statement cover?”
- In reference to box six (6), you should provide the name of the entity that designated you as an individual required to file a personal financial disclosure statement. Box seven (7) requests your title, which is where you should list your position with the entity.

If you are unsure about whether or not something is required to be disclosed, it is suggested to disclose if you are in doubt. There is no penalty for over disclosure. This may also avoid the appearance of concealing possible conflicts of interest.

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Policies

The Centers for Disease Control and Prevention (CDC) defines policy as the purposeful action by an organization or institution to address an identified problem or issue through executive, legislative, or administrative means.

Public Policy

Laws, ordinances, and rules are examples of public policy. Such policy is intended to affect actions by a collective group of people such as a community, county, state, or nation. Creating structures and policies that support healthy lifestyles and reductions of hazards in the social and physical environment can enhance the collective well being of communities. Setting public policy is deemed a population-based strategy to improve health. Governing bodies have the responsibility for setting policies that safeguard the health of their community.

Examples of public policy that have been effective in improving population health are:

- Laws requiring use of seat belts and child safety seats have decreased fatalities from motor vehicle crashes.
- Ordinances prohibiting smoking in public buildings reduce the number of people exposed to environmental tobacco smoke and the overall use of tobacco products.
- Ordinances that direct the design of neighborhoods, improve lighting and safety, or provide for public access to certain facilities, increase levels of physical activity by residents.
- Food code ordinances requiring establishments to meet certain standards, thereby reducing the incidence of food borne illnesses.

Public health policies are based on the assessed health needs of the community and whether the policy, if enacted, could reduce health risks that contribute to significant health problems.

192.300, RSMo, <http://www.moga.mo.gov/statutes/C100-199/1920000300.HTM> provides for the boards of trustees and county commissions to enact local ordinances for their jurisdiction.

In its public health leadership role, the governing body may also influence and encourage schools, worksites, city or county councils, and businesses to implement health improvement policy and practices.

Public Health Agency Policy

Policy conveys the values of the organization and creates boundaries of acceptability in how the agency operates.

The governing bodies have a fiduciary responsibility to operate the public health agency. Establishing operational rules creates agency accountability and helps secure the public's trust. Policies are established to provide structure, predictability, and order to assure consistency in management practices and decisions. Internal policy gives guidance to the agency administrator in carrying out the business of the agency and standardizes personnel actions. In addition, policies may be enacted in order to solve a specific problem or to address a major concern. Each agency staff member should have access to the written policies so that there is consistency in service delivery, standards for employee conduct, and awareness of the consequences for failure to meet performance expectations. Certain policies and procedures are required when receiving/expending federal grant funds. This includes written procedures for determining allowable costs; equipment management; procurement standards; and conflict of interest standards for employees involved in procurement decisions. An internal control certification document is located on the DHSS website at <http://health.mo.gov/information/contractorresources/> for use in evaluating agency policies. This document is not required unless requested by MDHSS. Although agency staff may draft particular policies, the governing body should review and approve them.

Policy Development Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Written and readily accessible to agency staff
<input type="checkbox"/>	<input type="checkbox"/>	Include sections on agency administration and personnel administration
<input type="checkbox"/>	<input type="checkbox"/>	Reviewed annually
<input type="checkbox"/>	<input type="checkbox"/>	Revised as needed
<input type="checkbox"/>	<input type="checkbox"/>	Include detail to define the administrator's independent authority to act
<input type="checkbox"/>	<input type="checkbox"/>	Dated
<input type="checkbox"/>	<input type="checkbox"/>	Outdated policies removed from active file

Policies (general)

The governing body guides the agency through the planning process:

- To meet community needs and address expectations;
- To assure the appropriate use of resources and to avoid duplication;

Ordinance, rules and policies support the strategic plan. Then, the governing body regularly assesses the degree of success or failure of the implemented policies and intended outcomes as part of a continuous improvement program. After review, the policies are adjusted or modified as needed.

Resources

- Community Tobacco, Physical Activity and Nutrition Policy and Environment Assessment Guide–
<http://www.health.mo.gov/living/lpha/pdf/nuttobassresguide.pdf>
- National Association of Local Boards of Health (NALBOH) at
<http://www.nalboh.org>
 - “Assessment, Policy Development and Assurance: The Role of the Local Board of Health.” (video tape)
 - Publications
 - Multimedia and online resources
 - Events
 - Activities
- The Guide to Community Preventive Services is a resource for evaluating various population-based strategies to improve health. It can be located at
<http://www.thecommunityguide.org>
- National Public Health Performance Standards Program
<http://www.cdc.gov/od/ocphp/nphpsp>

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Ordinances and Rules

The county commissions and the local health agency boards may make and promulgate ordinances or rules to enhance the public health. (See Chapter 192.300 RSMo.) Ordinances or rules are required if your local health agency is charging a fee for a service. Fees set a professional tone and are most effective with the environmental programs.

To adopt an ordinance or rule, it must:

1. Be printed and available in the county clerk's office.
2. Be published in a newspaper in the county for three successive weeks not later than 30 days after the order or ordinance, or rules and regulations, are passed.
3. State the statutory authority for its existence.
4. Set forth the formula for determining the fee.
5. Include definitions such as unit of service, reasonable fees, and total cost of service.
6. Be in compliance with county budget laws.
7. State the county treasurer's duties.
8. State method to amend or change fee schedule.
9. Be numbered for identification.
10. Include date adopted and passed by Commission and/or Board of Trustees, if applicable.
11. Be signed by appropriate party or parties.
12. Be attested by the clerk of the county.
13. Include the seal of the county involved.
14. If the ordinance is specific for one service, then the document must identify that service.

Go to: <http://www.moga.mo.gov/statutes/C100-199/1920000300.HTM>

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Open Meetings and Records Law (Sunshine)

The Missouri Attorney General is responsible for enforcing the Sunshine Law. For information about the Missouri Open Meetings and Records Law (Sunshine) go to this site: <http://ago.mo.gov/missouri-law/sunshine-law>

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Planning: Setting the Vision and Direction

Planning is a necessary function whether resources are plentiful or scarce. It can be focused:

- internally on the agency, including how resources will be allocated, programs and services to be provided, type of staff to hire, how to sustain current capacity or generate resources to increase capacity
- on the community, looking at the community's health status as a whole or within population subgroups to develop strategies for health improvement
- on the community's public health emergency response preparedness

Agency Planning

There is no single model or method for planning within an agency. At a minimum, governing body members, agency administration, and key staff members should be involved in the process. Public health system partners such as schools, health care providers, and coalition members play an important role in agency planning. The product of planning is a clear statement of the agency's mission and vision, an outline of what the agency structure will be in 2 to 5 years, what products and services it will provide, what outcomes it expects to achieve, and the strategies needed to accomplish desired outcomes and to generate the resources for any needed capacity development.

Community Health Planning

A completed community health assessment is the foundation for community health planning. Through the assessment process, health problems in the community are identified. Using one of a variety of possible methods to prioritize health problems, a coalition made up of local public health agency staff and wide representation from the community decide which health problems the community wants to, and has the capacity to, address. A series of special initiative teams may be formed, each focusing on one of the identified priority health issues in the community. Using data that is available to measure the extent of the problem, a baseline is established. The initiative team established time lines and sets short-term and long-term objectives so that improvement can be measured, evaluated, and substantiated.

It is important to investigate proposed strategies before initiative teams decide which they will incorporate into their plan for implementation.

A number of resources are available to guide the choice of strategies, such as the Guide to Community Preventive Services, <http://www.thecommunityguide.org> and Community Health Improvement Resources (CHIR) <http://www.health.mo.gov/data/chir/>. Choosing strategies based upon science, with evidence of their effectiveness in improving outcomes, will help assure success in achieving set goals.

It is important to assure that community organizations involved in implementing chosen strategies are also involved in developing them. Consideration should be given to the level of commitment of those who will be instrumental in implementation before deciding which strategies to use.

Emergency Response Planning

Local public health agencies play an important role in emergency response. Public health has a lead role in response to outbreaks of infectious disease, whether the result of biological terrorism or a diseased food service worker. Natural disasters like fires, floods, or tornadoes may require public health response to assure safety of food, water, or air. Prevention of communicable disease by immunizing segments of the population, and providing public education on how to reduce risk and avoid exposure to dangerous environmental contaminants, are other important roles in public health response to emergencies.

Emergency response planning cannot be done in isolation by any organization. A community emergency response plan identifies each organization and the roles it will be expected to carry out in emergency situations. Local public health agency staff must be involved in development of a local emergency response plan and in exercising the plan. The agency must have staff trained to fulfill the responsibilities as outlined in the plan.

In addition to the community emergency response plan, the agency should develop an internal operations plan to outline how staff will be expected to respond. An internal operations plan delineates lines of authority, methods of communication internally and with the public, and a plan for back up if sustained effort is required.

Assistance in developing your Emergency Response Plan may be obtained by contacting your regional emergency response planner. You may also contact:

Missouri Department of Health and Senior Services

Emergency Response Center

P.O. Box 570

Jefferson City, Missouri 65102

Phone: 573/526-4768 ■ Fax: 573/522-8636

<http://www.health.mo.gov/emergencies/ert/index.php>

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Oversight to Agency Operations

Even though the local public health agency is a governmental entity, in many respects it operates like any business. An effective business can track its sources and uses of revenue to assure accountability in financial matters. A business hires and trains staff to be productive and keep its customers satisfied with the services or products the business offers. Similarly, a local public health agency needs to be able to track its use of revenue and hire productive staff, who value customer satisfaction, to be effective in the community. Agency policy development, which is covered in the “Policies” section of this manual, is the foundation for effective agency administration. Typically, responsibility for business and administrative issues is assigned to the agency director by the agency’s governing body.

Following is a list of broad administrative topics, and a checklist to assist in assessing whether the governing board and agency staff is satisfied they gave adequate attention to relevant issues:

Personnel Administration

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Position descriptions include necessary qualifications for key staff
<input type="checkbox"/>	<input type="checkbox"/>	Job expectations are written for all staff
<input type="checkbox"/>	<input type="checkbox"/>	A personnel system and pay plan are adopted
<input type="checkbox"/>	<input type="checkbox"/>	Personnel policy is written, reviewed, updated periodically, and available to staff
<input type="checkbox"/>	<input type="checkbox"/>	Policy includes a process for handling disciplinary actions
<input type="checkbox"/>	<input type="checkbox"/>	Policy/process to report sexual harassment and to file a grievance is available to staff
<input type="checkbox"/>	<input type="checkbox"/>	Hiring decisions are done in consideration of Americans with Disabilities Act (ADA)
<input type="checkbox"/>	<input type="checkbox"/>	New staff receives thorough orientation to job duties and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	Staff benefits are administered equitably
<input type="checkbox"/>	<input type="checkbox"/>	Fair Labor Standards Act (FLSA) is followed with regard to overtime pay
<input type="checkbox"/>	<input type="checkbox"/>	Staff rights under the Family Medical Leave Act (FMLA) are assured
<input type="checkbox"/>	<input type="checkbox"/>	A Worker’s Compensation Plan covers staff
<input type="checkbox"/>	<input type="checkbox"/>	Licensed professional staff are current and in good standing with licensing body
<input type="checkbox"/>	<input type="checkbox"/>	Agency supports ongoing professional staff development
<input type="checkbox"/>	<input type="checkbox"/>	Staff performance appraisal is conducted at least annually
<input type="checkbox"/>	<input type="checkbox"/>	Staff size is maintained to adequately carry out the responsibilities of the agency

Policies include conflict of interest standards as outlined in 2 CFR 200.318(c)(1).
For more information about personnel issues, see [Personnel Administration](#)

Financial Administration

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	The governing body approves an annual budget of revenue and expense
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly reports of revenue and expense are reviewed with the governing body
<input type="checkbox"/>	<input type="checkbox"/>	Policy guides staff handling of purchases (bid requirement over dollar amount)
<input type="checkbox"/>	<input type="checkbox"/>	Checks and balances are in place to account for all cash and other receipts
<input type="checkbox"/>	<input type="checkbox"/>	Cost accounting is used to determine unit cost of each of the agency's services
<input type="checkbox"/>	<input type="checkbox"/>	Fees for selected services are set based upon cost to provide
<input type="checkbox"/>	<input type="checkbox"/>	Annual audits by public or private auditors show acceptable accounting methods
<input type="checkbox"/>	<input type="checkbox"/>	A system is in place to monitor and age accounts receivables
<input type="checkbox"/>	<input type="checkbox"/>	Timely billing is submitted to MDHSS for contracted work
<input type="checkbox"/>	<input type="checkbox"/>	Staff follows up on any late payment of invoices
<input type="checkbox"/>	<input type="checkbox"/>	A system is in place to assure timely payment of agency's accounts payable
<input type="checkbox"/>	<input type="checkbox"/>	Investigate and implement billing of services to Medicaid, Medicare and third party insurance

A system is in place to maintain budget control by comparing expenditures to budgets.
Records identify the source and use of funds, and include source documentation.

For more information about financial issues, see [Financial Administration](#)

Risk Management

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Agency provides professional and general liability insurance for staff and the premises
<input type="checkbox"/>	<input type="checkbox"/>	Privacy of client records is protected by limiting access, locking file cabinets and having written confidentiality policies
<input type="checkbox"/>	<input type="checkbox"/>	Security of the computer system is assured by use of passwords, screensavers, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Clinical services are provided according to written protocol signed by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Staff uses universal precautions in provision of clinical services
<input type="checkbox"/>	<input type="checkbox"/>	Buildings and sidewalks are kept clear and in good repair
<input type="checkbox"/>	<input type="checkbox"/>	Only licensed and insured drivers operate vehicles conducting agency business
<input type="checkbox"/>	<input type="checkbox"/>	Legal counsel is obtained when needed, such as clarifying agency enforcement authority, preparing a position if sued, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Agency complies with state and federal laws (Sunshine Law, FMLA, FLSA, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Staff is adequately oriented to duties and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	Ongoing professional development is provided to assure staff and volunteers maintain needed skills and competency

<input type="checkbox"/>	<input type="checkbox"/>	Agency complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements for client confidentiality
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For more information about risk management issues, see [Risk Management](#)

Program and Service Delivery

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Board has process to annually review agency program policy
<input type="checkbox"/>	<input type="checkbox"/>	Agency evaluates the programs and services it provides to assure that intended outcomes are met
<input type="checkbox"/>	<input type="checkbox"/>	Agency has a planning process in place to develop and implement programs and/or services to meet the health needs of the community
<input type="checkbox"/>	<input type="checkbox"/>	Agency evaluates its processes for service delivery to assure efficiency
<input type="checkbox"/>	<input type="checkbox"/>	Agency promotes its services to potential clients; outreach efforts are made with hard to reach and at-risk, vulnerable populations
<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction with services, hours of operation, and access is evaluated
<input type="checkbox"/>	<input type="checkbox"/>	Cost of services is evaluated along with assessing the benefit from the service

For more information about program and service delivery issues, see [Program and Service Delivery](#) or [Policies](#)

Public Relations

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Agency has designated a spokesperson to communicate with the media
<input type="checkbox"/>	<input type="checkbox"/>	There is regular and frequent dissemination of information to the public
<input type="checkbox"/>	<input type="checkbox"/>	Agency staff is involved in coalitions and groups working on community health issues
<input type="checkbox"/>	<input type="checkbox"/>	Networking occurs on a routine basis with public health system partners such as schools, social service organizations and medical care providers
<input type="checkbox"/>	<input type="checkbox"/>	Administrator and/or governing body communicates with local and state elected officials

For more information about public relations issues, see “How to Help the Community Understand and Support Public Health.”

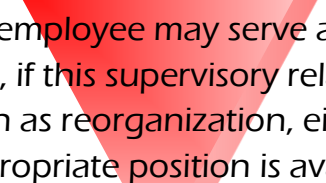
Note: If your agency has more “No” than “Yes” answers to the above, you need to reevaluate how your agency operates. The absence of key control and oversight in financial management processes will result in a high risk designation for MDHSS subrecipient monitoring purposes. Special conditions for high risk agencies may include additional project monitoring; requiring receipts and supporting documentation with invoices; more detailed or frequent financial reports; or additional prior approvals.

Employment and/or Supervision of Relatives

The Constitution of Missouri provides that “Any public officer or employee in the State who by virtue of his office or employment, names or appoints to public office or employment any relative within the fourth degree, by consanguinity or affinity, shall thereby forfeit his office or employment.”

Relatives falling within the fourth degree include the following: spouse, children, parents, grandparents, grandchildren, brothers, sisters, father-in-law, mother-in-law, aunts, uncles, nieces, nephews, and first cousins.

Managers and supervisors shall not select relatives falling within the fourth degree by consanguinity or affinity for positions under their supervision.



No employee may serve as the immediate supervisor of a relative within the third degree and, if this supervisory relationship should occur through marriage or personnel actions such as reorganization, either the supervisor or the employee will be transferred when an appropriate position is available.

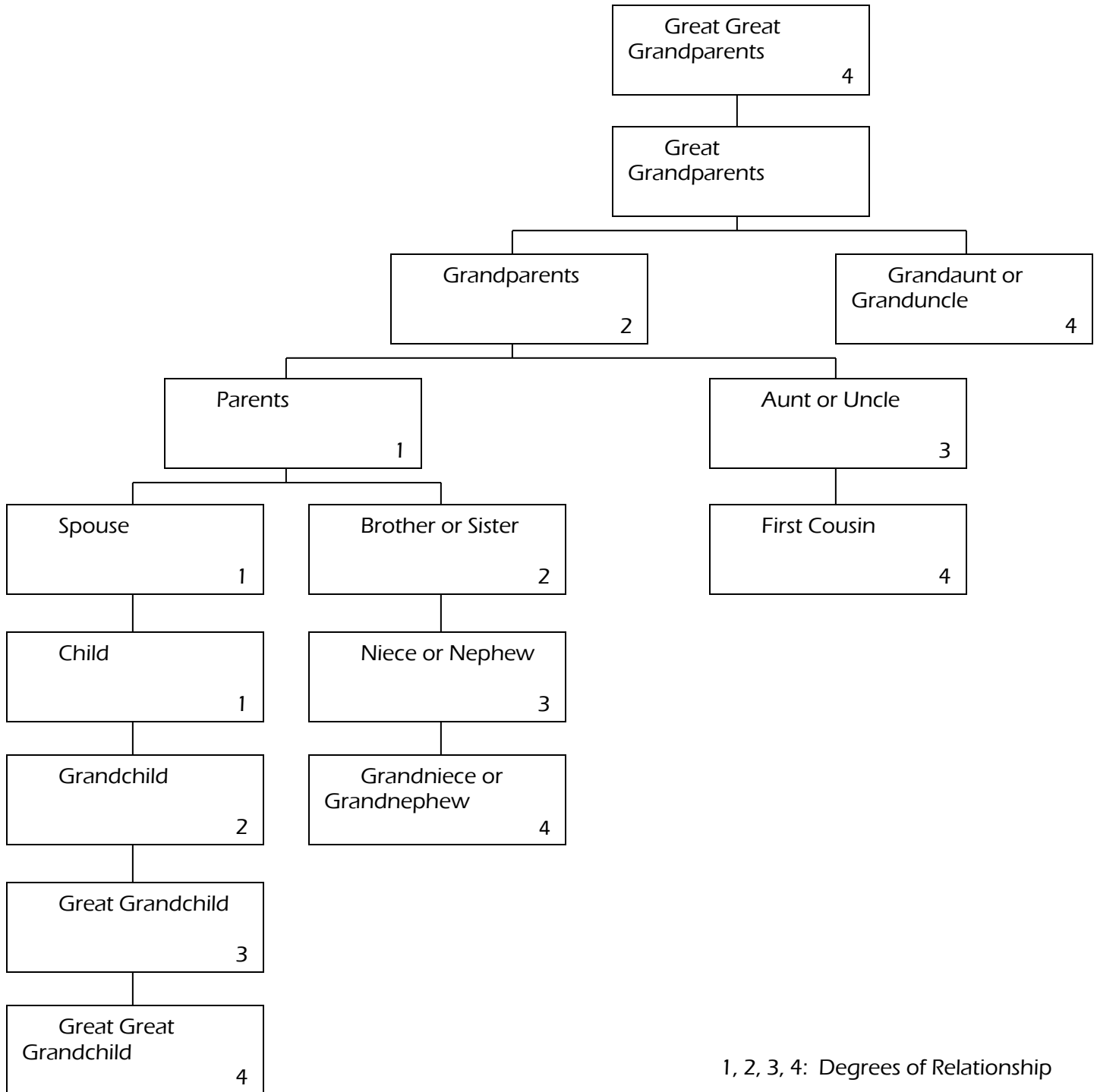
A person who is related to a member of the Board of Trustees or the County Commission may be employed or may retain employment with the local public health agency, unless the employee is directly supervised by the Board of Trustees or County Commission. However, the related board member or commissioner should not participate in any discussion about salary, disciplinary matters, or job assignments for the related employee.

Explanation of chart of relations (see chart):

- A husband is related by marriage (affinity) to his wife’s relatives in the same way that she is related to them by blood (consanguinity), and she to his in the same manner, but the kindred of the spouses are not related to one another. (A brother of the husband is not related to a brother of the wife, etc.).
- Half relationship is the same as the whole relationship
- Step relationship is the same as a blood relationship
- A relationship by marriage (affinity) terminates if death or divorce occurs.

The local public health agency should develop policy regarding the employment or supervision of relatives.

Degrees of Relationship



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Family Medical Leave Act

The [Family and Medical Leave Act](#) (FMLA) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave. The requirement to provide FMLA coverage by the employer depends upon a number of factors such as governance structure and size.

For agencies that are required to provide FMLA, there are criteria for employee eligibility for FMLA benefits.

The Department of Labor defines employee eligibility as follows:

To be eligible for FMLA benefits, an employee must:

- work for a covered employer;
- have worked for the employer for a total of 12 months*;
- have worked at least 1,250 hours over the previous 12 months*; and
- work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

*NOTE: There are special rules for the 12-month requirements for returning reservists.

Please click on the [FMLA form Public Agencies document](#) describing US Department of Labor definitions for public agency coverage.

Please refer to the US Department of Labor web site at <http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

To discuss your specific situation, contact:

US Department of Labor
St. Louis Office
314-539-2706

US Department of Labor
Kansas City Area Office
913-551-5721

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State Employee Health Insurance Eligibility

Local public health agencies are eligible to participate in the Missouri Consolidated Health Care Plan.

For more information, visit the Missouri Consolidated Health Care Plan web site at <http://www.mchcp.org>

Or contact:

Manager of Customer Support

Missouri Consolidated Health Care Plan

P.O. Box 104355

Jefferson City, Missouri 65110

1-800-487-0771

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Staff Credentialing

Information about Licensure and Certification of Professionals Working in Public Health

The professional staff working in a local public health agency may be required to have a valid professional license or certification or both. Some professions do not require certification but may offer it as a verification of competence.

Definitions:

License: A formal permission to do something authorized by law.

Certification: A statement that verifies a person has met specific requirements.

Information about the professionals who frequently work in a local public health agency follows:

Administrator

Licensure or certification for public health administrators is not required in Missouri. However, certification is available through the Public Health Practitioner Certification Board (PHPCB), and is recognized by the Missouri Department of Health and Senior Services (MDHSS).

Registered Professional Nurse (RN)

A Registered Nurse (RN) is required to have a professional license under the provisions of sections 335.011 to 335.096 RSMo to engage in the practice of professional nursing. An individual is eligible to take a registered nurse licensure exam after obtaining a nursing diploma, an associate degree (ADN) or a baccalaureate degree in nursing (BSN). Nurses can have a variety of degrees/credentials beyond a bachelor's degree (e.g., master's and doctoral degrees, specialized certification (C), nurse practitioner (NP)). See Chapter 335 RSMo for details. Nursing practice is regulated by the Missouri State Board of Nursing and defined by the Nurse Practice Act, Chapter 335, RSMo. See the Missouri State Board of Nursing website at <http://pr.mo.gov/nursing.asp>.

National nursing and public health organizations recommend a baccalaureate degree in nursing (BSN) as the entry level into the specialty practice of public health nursing). More information about public health nursing practice is available in the MDHSS Public Health Nursing Manual at <http://www.health.mo.gov/living/lpha/phnursing/cphn.php>

Licensed Practical Nurse (LPN)

A licensed practical nurse (LPN) must be licensed under Sections 335.011 to 335.096 RSMo. Information is available at the Missouri State Board of Nursing website at <http://pr.mo.gov/nursing.asp>.

Practical nurses are educated to promote health and provide care to persons who are ill, injured, or experiencing alterations in normal health processes. LPNs must work under the supervision of a physician or a registered professional nurse (RN).

Environmental Public Health Specialist (EPHS)

A license is not required to be an environmental public health specialist. A Certified Environment Health Specialist (CEHS) is someone who met the standards of competence established by the Missouri Board of Certification of Environmental Health Professionals and passed the CEHS examination. An EPHS with this certification may use the initials CEHS after his/her name. More information is available on the Missouri Environmental Health Association website, <http://mmfeha.org/>

A Registered Environmental Health Specialist (REHS) has met the standards of competence established by the National Environmental Health Association and passed the REHS examination. An EPHS with this certification may use the initials REHS after his/her name. More information is available at <http://www.neha.org/>

Health Educator

A license is not required to be a health educator. A Certified Health Educator Specialist (CHES) is someone who has met the standards of competence established by the National Commission for Health Education Credentialing and has passed the CHES examination. A health educator with this certification may use the initials CHES after his/her name. More information about certification is available at <http://www.nche.org>

Registered Dietitian

A Registered Dietitian (RD) is regulated by and must meet the academic and supervision requirements established by the Commission on Dietetic Registration for the American Dietetic Association. Some RDs have additional certification in specialized areas of practice, such as pediatrics, nutrition support or diabetes education. Dietitians must have a minimum of a bachelor's degree from an accredited university; complete an accredited practice program; pass a national

written examination; and complete continuing professional education. In addition to RD credentialing, Missouri has regulatory law for the practice of licensed dietitians. The Missouri State Committee of Dietitians regulates RD practice, information is available at <http://pr.mo.gov/dietitians.asp>

Public Health Nutritionist

A public health nutritionist provides nutrition services through agencies. Minimum education requires a bachelor's degree for entry-level positions.

Licensed Clinical Social Worker (LCSW)

Licensure in Missouri as an LCSW requires that a person have a master's degree in social work from a school accredited by the Council on Social Work Education, pass a national clinical examination, and successfully complete 3000 hours of professional practice under close supervision by a LCSW. Missouri exempts employees of governmental agencies from having to be licensed to practice clinical social work but the license is required for practice as a clinical social worker in all other types of practice. A provisional clinical social worker license is granted during the initial period of supervision, provided the individual has passed the licensure examination.

Licensed Baccalaureate Social Worker (LBSW)

Licensure as an LBSW in Missouri requires that a person have a baccalaureate degree from an accredited social work program approved by the Council on Social Work Education, pass a national examination and have 3000 hours of supervised practice. A baccalaureate social worker may not engage in the private practice of social work and may not perform psychotherapy, or diagnose or treat mental and emotional conditions. Missouri exempts employees of governmental agencies from having to be licensed to practice baccalaureate level social work. A provisional license may be granted during the initial period of supervision.

Full details of social work licensing in Missouri are available at <http://pr.mo.gov/socialworkers.asp>

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Use of Volunteers

Volunteers are an important resource in doing the work of public health. Here is some criteria for using volunteers, written in a policy format so you can incorporate into your policy manual.

Policy:

Safe utilization of well-trained volunteers will enhance public health programs

Purpose:

To enhance quality services to your community without an increase in salaried staff and to increase the number of public health advocates.

Procedure:

1. Volunteers must agree to follow all policies and procedures of the agency. (A signed statement indicating such shall be kept in the volunteer's personnel file.)
2. The agency shall provide a level of orientation to adequately meet the performance expectations of the position. (The orientation should be documented and kept in the volunteer's personnel file.)
3. A written job description should be given to the volunteer.
4. Volunteers must sign the same confidentiality statement as paid staff. (A copy should be kept in the volunteer's personnel file.)
5. Volunteers must receive the same Health Insurance Portability And Accountability (HIPAA) training as paid staff. (Documentation of completed training should be kept in volunteer's personnel file.)
6. Periodic recognition for volunteer services performed such as a reward ceremony or article of recognition in a newspaper or newsletter will enhance the volunteer's sense of appreciation.
7. Training should be provided to volunteers on a regular basis.
8. Volunteer arrangement can be terminated by supervisor if chronic problems are encountered with job performance or if agency's policies are violated.
9. Use of volunteers should be mentioned on staff roster for liability insurance.

Revenue Sources

Income can come from many sources. Local taxes, grants, contracts, fees and donations are the common means of obtaining income. State funds are provided through contractual arrangements. Federal funds can be direct, or may come through the Missouri Department of Health and Senior Services (MDHSS) to local public health agencies for the provision of services. Other sources of revenue could include contracts with Medicare, MO HealthNet (Medicaid), health plans, insurance companies, hospitals, private industries, individuals and foundations.

Local Taxes

Chapter 205 RSMo allows a county, by a simple majority vote of the citizens to assess up to 40 cents per \$100 valuation for public health purposes. The Board of Trustees shall annually set the tax levy that cannot exceed the maximum allocated rate. Boards need to review their tax levy whenever tax assessments group in order to determine if a roll back is necessary so the authorized tax rate is not exceeded.

A local public health agency established by a county commission is funded through the general tax base. The special sales tax that is available to commissions can be placed on the ballot for health purposes, provided the tax has a specific ending date.

State Revenues

Funds are appropriated by the legislature and approved by the governor for the provision of local public health services. MDHSS allocates these funds to local public health agencies. The contract governing the distribution of funds identifies any restrictions on use of the funds.

In addition to monies, the state provides technical assistance and specialized laboratory services.

Local public health agencies obtain revenue by issuing birth and death certificates.

Federal funds

Federal funds receipts and expenditures must be tracked by the Catalog of Federal Domestic Assistance (CFDA) title and number; the federal award identification number (FAIN) and year; the name of the federal funding agency; and the name of the pass-through entity. If receiving federal funds through DHSS, this information can be found in funding letters attached to your contracts; or received as separate documents. The method used to track these categories is at the discretion of the local public health agency. Paper files are acceptable. The information is used for

preparing the Schedule of Expenditure of Federal Awards (SEFA) when the agency is subject to the Single Audit Act.

The majority of funds from the federal government are channeled through MDHSS and are provided to the local public health agencies by contract. An example of services funded this way is WIC . Federal law may stipulate that specific funds are used only as a payment source of last resort, as is the case with Ryan White Title II funds (42 U.S.C. 300ff). The contract governing the distribution of funds identifies restrictions on use of the funds.

Medicare

Some of the local public health agencies have established certified home health agencies and receive reimbursement for home visits under the Medicare program. Local public health agencies may also apply to be a Medicare Part B provider to obtain reimbursement for influenza and pneumococcal vaccines given to Medicare beneficiaries.

MO HealthNet (Medicaid)

Local public health agencies may apply to become providers for the state Medicaid program. MO HealthNet reimbursement should be sought prior to using MDHSS funds to pay for services that are billable to MO HealthNet. Normally, federal regulations prohibit MO HealthNet from paying for services offered to individuals at no cost, but Title V services are exempt from this prohibition. Local public health agencies should develop a pricing structure and sliding scale fee for services that are billed to MO HealthNet and adopt a fee ordinance. (See Ordinances and Rules)

Private Insurance

When applicable, local public health agencies may bill private insurance carriers. For example, as a standard provision of private, comprehensive health care coverage offered in Missouri, children birth to five years of age will receive routine and necessary childhood immunizations which are not subject to any deductible or co-payment. Reimbursement should be sought from private carriers when available so government funds may be used for persons without a source of coverage.

Other Potential Sources

State statute 192.300 allows the boards of trustees and county commissions to establish rules and ordinances and collect fees for their enforcement. (See Section 192.300)

In addition, local public health agencies may contract with other cities or political subdivisions to provide services to them. This could include school systems,

hospitals, home health agencies, companies, or third-party payers to do home health, or courses on health promotion or health education, for example. Contracts with savings & loans, realtors or banks to do water or sewage inspections and/or asbestos sampling may also be appropriate.

Grants are available from various foundations or trusts for specific purposes.

Local service clubs or organizations have assisted some local public health agencies in purchasing equipment or other items.

Local public health agencies may receive gifts and contributions. Section 170© of the United States Code, defines a “charitable contribution” as a contribution or gift to or for the use of:

A state, a possession of the United States, or any political subdivision of any of the foregoing, or the United States or the District of Columbia, but only if the contribution or gift is made for exclusively public purposes.

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Check Signing

Management is responsible for establishing and maintaining good internal control of finances of a local agency. One aspect of good internal control is that no one employee has control of a transaction from beginning to end (*i.e. segregation of duties*). There should be a separation of duties among employees whenever possible.

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Audits

Audits and Their Purpose

An audit is a methodical examination of an entity's records and financial accounts by a trained, independent accountant for the purpose of checking the accuracy of the records and accounts.

Audits have several objectives, including:

- Provide reasonable assurance about whether the financial statements of the health center are free of material misstatement.
- Determine internal controls established over financial transactions.
- Review management practices and financial information for compliance with certain provisions of laws, regulations, contracts, and grants.
- An annual audit is recommended.

Single Audits

Single Audits are required for organizations with \$750,000 or more in federal expenditures in a fiscal year, including those directly received from the federal government and/or passed-through from other entities (e.g., MDHSS). Single Audit reports must be uploaded to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> where the information is accessible to the public, as well as state and federal auditors.

- [Procuring Independent Audit Services](#)
- [Recommended Recordkeeping Procedures and Controls](#)
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Procuring Independent Audit Services

There are several steps involved in selecting auditors. These steps are discussed briefly as follows:

Planning - This step involves determining the audit requirements, timing, attributes necessary in an auditor, deciding how to evaluate prospective auditors, etc. You will need to determine if the Single Audit Act (audit work related to federal grant programs required when federal expenditures surpass certain dollar amounts) applies to your organization.

Soliciting bidder proposals - To document the process and ensure consistent information is provided to all potential bidders, a written request for proposal (RFP) should be used to solicit bids. It should be clear, set forth terms, conditions, and evaluation criteria along with the scope of the audit work required.

Evaluating bids and selecting an auditor - The boards of trustees, administrators, and fiscal personnel should be involved in evaluating the RFPs. Factors in addition to price should be considered. These other factors include, 1) responsiveness of the bidder to the request for proposal; 2) past experience of the bidder; 3) bidder staff qualifications; and 4) results of the bidder's external quality control reviews.

Written agreement - The health center and auditor should enter into a written agreement.

Monitoring the audit - Audit progress should be monitored while in process. Methods include periodic meetings with the auditors or requiring status reports.

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Recommended Recordkeeping Procedures and Controls

Receipts and Deposits

Receipts should be written and issued for all monies received and the mode of payment (cash or check) should be indicated on the receipt slips. Appropriate detail should be included on the receipt to allow proper identification by source and purpose. Monies should be deposited intact daily and reconciled to the composition of the receipt slips. For voluntary donations or other small cash amounts received, procedures should be established to safeguard the cash received.

Disbursements

Checks should be written for all monies disbursed. Payments should be made from original invoices only and such invoices should be marked paid. Additionally, the acknowledgement of receipt of goods and services should be noted for all invoices and the mathematical accuracy of invoices should be checked and recomputations made.

Procurement

Any agreements the health center enters into should be supported by written contracts detailing the responsibilities of each party. The health center should ensure adequate services are being received for all payments made and that contractual provisions are adhered to before processing payments. Purchases of goods and services should be bid as required by state law. Conflict of interest standards must be written and available to all agency personnel involved in procurement activities.

Payroll and Time Records

Payroll and fringe benefit expenditures comprise a large percentage of health center expenditures. Each employee should prepare a time sheet documenting hours worked and vacation and sick leave taken. These time sheets should be approved by the applicable supervisor and filed in a central location. Such records will help ensure compliance with the Fair Labor Standards Act (FLSA) and assist in tracking time spent on various state/federal programs.

Budget Review

All of the above-mentioned items relate to and affect the health center's overall budget. Proper planning and documentation make it easier to compare revenues and expenditures to line items in the budget and maintain control over resources. A health center should prepare periodic comparisons between budget and actual information and review such information for overall reasonableness. Strict

compliance with county budget laws is required; however, if there are valid reasons which necessitate excess expenditures, budget amendments should be made following the same statutory process by which the annual budget is approved, including holding public hearings and filing the amended budget with the State Auditor' Office.

Investment and Banking Procedures

An investment policy should be adopted and adhered to. Monies should be placed in interest bearing accounts and other investment vehicles. Documentation of the purchase and sale of investments should be maintained. The health center should have a written depository agreement with its bank(s) and ensure that adequate collateral securities are pledged to cover funds on deposit less the amount insured by the Federal Deposit Insurance Corporation (FDIC).

Accounting Records

Ledgers should be maintained showing receipts, disbursements, and the fund balance. It may also be helpful to maintain receipt ledgers and check registers which account for the numerical sequence of such source documents and provide balances for reconciliation purposes.

Segregation of Duties

The duties of cash custody and record keeping should be segregated when possible. Segregating the functions of receiving, recording, depositing and distributing monies provides protection for both the supervisor and employees. At a minimum, supervisory review of all operations is necessary.

Reconciliations

Bank accounts should be reconciled monthly with the reconciled balance being agreed to the fund balance.

Petty Cash and Change Funds

Good internal controls require a petty cash fund, if necessary, to be set at an established amount and for replenishment when it has been expended. Change funds should also be maintained at a set amount.

General Fixed Assets

The health center should tag all property items, maintain property records and perform periodic physical inventories.

SEFA (schedule of expenditures of federal awards)

The health center should ensure it has procedures and records in place to track federal awards and provide complete federal grant information to the County Clerk. The SEFA is a required component of the Single Audit. Errors on the SEFA lead to audit findings and high risk designations.

Agency Liability Issues

There is no absolute protection for you against liability, but there are some things you can do to minimize your exposure.

1. Consult with local legal counsel about sources of liability.
2. Develop written policies; update them as the law changes and follow them.
3. Decide what is adequate liability insurance for your agency, budget for it and keep coverage current.
4. Verify that persons who are hired for a job, and volunteers, are adequately trained and prepared for the task.
5. Healthcare professionals employed by your local public health agency or doing volunteer work for your agency may be eligible for coverage for the Legal Expense Fund. Contact MDHSS Office of General Counsel for application forms.
6. If you are sued, consult with your legal counsel before responding to the lawsuit.
7. Notify the Attorney General's Office to determine if coverage under the Legal Expense fund is available to staff. See 105.711 RSMo, 105.712 RSMo, 105.716 RSMo, 105.726 RSMo.
<http://www.moga.mo.gov/statutes/C100-199/1050000711.HTM>
<http://www.moga.mo.gov/statutes/C100-199/1050000716.HTM>
<http://www.moga.mo.gov/statutes/C100-199/1050000721.HTM>
<http://www.moga.mo.gov/statutes/C100-199/1050000726.HTM>

Legal Advice and Counsel

The Department of Health and Senior Services legal staff cannot provide legal advice to local public health agencies. Departmental legal staff represent the department, and it would be a conflict of interest to give legal advice to local public health agencies. If issues arise requiring legal advice or a legal interpretation, consult a local attorney.

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Missouri Public Entity Risk Management (MOPERM)

The Missouri Public Entity Risk Management (MOPERM) fund answers the need of Missouri's public health care providers for comprehensive liability protection. All public health agencies, ambulance districts, nursing homes and other public health care providers in Missouri may participate in this state-administered pool.

Coverage

MOPERM protects participants against claims based on the laws of Missouri or of other jurisdictions for exposures where sovereign immunity has been waived. Coverage includes:

- public officials' errors and omissions liability
- general liability
- automobile liability
- personal injury liability
- contractual liability
- incidental malpractice liability for nurses, aides and Emergency Medical Technicians
- optional coverall includes:
 - automobile physical damage (comprehensive and collision)
 - uninsured motorists
 - automobile medical payments

Elements Unique to MOPERM

- MOPERM is administered by and for Missouri's public entities.
- Premiums are based on losses incurred by Missouri public entities only.
- MOPERM offers broad coverage on an occurrence basis.
- MOPERM's staff provides prompt, dedicated claims service.
- As a participant you protect yourself from fluctuations in the commercial insurance market.
- Loss control programs are designed for each entity's own needs.

For more information please contact: <http://www.moperm.com/>

MOPERM
P.O. Box 809
Jefferson City, Missouri 65102
573-751-1837

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Record Keeping and Record Retention

The Local Records Board of the Secretary of State's Office is responsible for overseeing the management of local government documents for Missouri. Political subdivisions need to follow the Board's guidelines for the keeping of records. Although the Secretary of State does not have a specific handbook for record retention for local public health agencies, the Missouri Hospital and Health District Records Manual, issued by the board, is an appropriate guideline for local public health agencies to follow.

<http://www.sos.mo.gov/archives/localrecs/schedules/hospital.asp>.

For further information or questions, please contact the Local Records Administrative Secretary, Secretary of State's Office, 573-751-9047; FAX 573-526-3867, sosmain@sos.mo.gov.

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Duties of the Local Registrar

The County Registrar is the recorder of vital events of birth and death in their local county. They function under the authority of the State Registrar through the Bureau of Vital Records in Jefferson City.

Certified copies of the majority of birth and death records can be issued locally:

- original death certificate
- computer copies of birth and death certificates

Some exceptions to local issuance are:

- multiple names
- filing more than one year after the event
- births before 1920
- deaths before 1980

These should be requested from the Bureau of Vital Records.

The process for requesting birth/death certificates is as follows:

Fill out application from the local registrar, OR write a letter to the local registrar with the following:

- name of requester
- name of individual whose record is being requested
- relationship of requester to individual
- place of the event
- date of birth/death
- purpose of request, i.e., school, work, passport, driver's license, etc.
- enclose appropriate fee

Records of Adoption

Questions regarding records of adoptions should be referred to the Bureau of Vital Records.

Local registrars are responsible to retain a log of funeral director/embalmer signatures for their county. The duties and responsibilities of hospitals, physicians, funeral directors, medical examiners and coroners are in manuals in the local registrar's office. These handbooks, along with the "Local Registrar's Training Manual," are available through the Bureau of Vital Records.

Following is a list of frequently asked questions from local registrars:

- Q: We are trying to print a death record from the computer mainframe and it won't let us print – why?
- A: Contact the ITSD Help Desk at 1-800-347-0887 for assistance.
- Q: Why doesn't this record show on the computer mainframe file? They were mailed to the Bureau of Vital Records several days ago?
- A: Sometimes records have to be pulled and cannot be filed at the time of receipt due to errors. The record is returned to the maker or the local registrar to be refiled.
- Q: Can we accept a certificate that the doctor has marked out and corrected the cause of death?
- A: The Bureau of Vital Records cannot accept any altered records.
- Q: Computer says "printing 1 long from for John Doe" but the record is not printing – what do we do?
- A: Turn off the printer for 10 seconds. If, after turning on the printer, the certificate/s still does not print, shut off the computer completely and restart the program. If this does not rectify the printing problem, call the MDHSS/ITSD Help Desk.
- Q: Information on original birth certificate is incorrect or misspelled; may I give the requester an affidavit for correction of the information?
- A: No. Refer these clients to the Bureau of Vital Records for forms and instructions on how to correct the record.

- Q: A clerk is no longer employed at the health department who was issuing copies of birth/death records from the computer, what do we need to do?
- A: Contact your Bureau of Vital Records field representative and send in an Online Security Access Request (ASAP) form to Vital Records to “Revoke USER ID” so that their access from printer capability can be revoked and their User ID can also be revoked through the Missouri Department of Social Services.

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Agency Evaluation of Programs and Services

Agencies need to evaluate their services and programs provided to their service area. Some places to go for evaluation strategies and agency self-assessment include:

- The *Guide to Community Preventive Services* is a resource for evaluating various population-based strategies to improve health. It can be located at <http://www.thecommunityguide.org>
- National Public Health Performance Standards Program <http://www.cdc.gov/od/ocphp/nphpsp/>
- Missouri Institute for Community Health. Voluntary Accreditation for Local Public Health Agencies at <http://www.michweb.org>
- Community Health Improvement Resources can be located at <http://www.health.mo.gov/data/chir/>

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Public Relations

How to Help the Community Understand and Support Public Health

The local public health agency is an important part of the community health system. As such, it needs to interact with the policymakers and public on a regular basis. Most people do not understand what public health does for them. Vivid and easily understood terms and concrete examples can be effective in getting your message across.

Local public health agencies should take opportunities to participate in media broadcasts, articles, speaking engagements, etc., and use the Public Health Logo to promote the local public health system. The National Association of County and City Health Officials (NACCHO) Advocacy and Marketing web site provides valuable tools and resources, as well as usable logos.

<https://www.naccho.org/advocacy>

Go to the Turning Point Initiative site, funded by Robert Wood Johnson, for available resources.

<https://www.rwjf.org/en/library/research/2008/05/turning-point-.html> .

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The Legislative Process in Missouri

Composition of the legislative branch of government

Legislative power in Missouri is vested in the General Assembly by Article III, Section 1, of the Missouri Constitution. The General Assembly more commonly known as the legislature, includes the Senate and the House of Representatives.

The Senate has 34 members, who are elected for four-year terms. Senators from odd-numbered districts are elected in presidential election years. Those from even-numbered districts are chosen in the “off year” elections. The Lieutenant Governor is President of the Senate. In his/her absence, the President Pro Tem, elected by the Senate members, presides.

The House of Representatives consists of 163 members, elected at each general election for two-year terms. The House of Representatives is presided over by the Speaker, who is chosen by the members, and in his/her absence by the Speaker Pro Tem.

New senatorial and representative districts are established after each federal decennial census, according to the Missouri Constitution.

Senators and representatives receive an annual salary, a weekly mileage allowance and per diem expenses. Salaries may be increased by appropriations.

Regular time of meeting

The General Assembly convenes at the State Capitol in Jefferson City on the first Wednesday after the first Monday of January. The deadline for considering appropriation bills is 6:00 p.m. on the first Friday following the first Monday in May. For other bills the deadline is the first Friday following the second Monday in May. Adjournment is May 30.

Veto sessions

If the Governor returns a bill with his objections after the legislature adjourns, they are automatically reconvened to reconsider vetoed bills on the first Wednesday following the second Monday in September for a maximum of ten days.

Special sessions

The Governor may convene the General Assembly in special session for a maximum of 60 calendar days. Only subjects recommended by the Governor may be considered during a special session. The President Pro Tem and the Speaker may convene a 30-day special session upon petition of $\frac{3}{4}$ of the members of each chamber.

Organization of the General Assembly

Following the general election in November of even-numbered years, each party holds a separate caucus to nominate candidates for offices and to organize for the upcoming session. Each party names its floor leader, assistant floor leader, whip, caucus chairman and caucus secretary. New members are sworn in on the opening day of session, and officers are elected. Both houses then convene to receive the Governor's "State of the State" message with his/her legislative budgetary recommendations.

Each house determines its own rules and procedures and keeps a daily journal of its proceedings. The journals are printed daily.

How Bills Become Laws

Bills may be introduced in the House or Senate, although appropriations bills customarily originate in the House. Each bill contains only one subject, expressed clearly in its title. A bill may not be amended if the amendment changes the original purpose of the bill. (See cartoon)

Similar processes occur in the House and Senate. The sequence below describes the path a bill follow when introduced in the House.

- 1. Introduction.** Bills may be filed any time from December 1 until the 60th day of the legislative session. A bill may be filed later than the 60th day by consent of a majority of members of both houses, or if the Governor requests it in a special message.
- 2. First and Second Readings.** When a bill is introduced, it is assigned a number and read the first time (by number and title only) by the House Reading Clerk. It then goes on the calendar for second reading. Following second reading, it is assigned to committee by the Speaker of the House.
- 3. Public Hearing.** The next step is a public hearing before the assigned committee. The bill is presented to the committee by its sponsor and proponents and opponents are given the opportunity to provide testimony. If the bill is very complex or controversial, multiple hearings may be held.

4. **Committee Executive Session.** After a hearing, the committee may meet to vote on the fate of the bill. These “executive sessions” are open to the public, but no public testimony is heard. The committee may vote to:
 - Report the bill to the full House with the recommendation of “do pass.”
 - Report an amended version of the bill to the full House with a recommendation of “do pass.” If the changes are particularly significant or numerous, then the version of the bill reported is known as a committee substitute.
 - Report the bill without recommendations.
 - Defeat the bill.

The state constitution allows a bill to be taken from committee by vote of 1/3 of the members of the House. It is then placed on the House calendar for consideration.

5. **Perfection of a bill.** If a bill is reported out of committee, it is placed on the “perfection calendar.” When its turn comes up, it is debated on the House floor. Additional amendments or substitutes may then be proposed by House members. When action on all proposed revisions has been **completed**, a motion is made to have the bill “perfected.” If a majority votes yes, the bill is republished in its amended form and labeled Perfected.
6. **Third reading and final passage.** The perfected bill goes on the calendar for third reading and final passage. The bill may be debated on the floor, but only technical corrective amendments are allowed. After debate, a recorded vote is taken, and the bill is passed if approved by a majority. If passed, the bill then goes to the Senate, where a similar process is followed.
7. **Conference committee.** If the Senate changes the house bill in any way, it goes back to the House with a request that the changes be approved. If they approve, the bill is Truly Agreed to and Finally Passed and sent to the Governor for consideration. However, if any of the Senate changes are rejected, the bill may be sent to a conference committee of five members from each house. If the committee comes to an agreement, the House and Senate both receive a report of the committee’s recommendations. If both approve the conference committee report, the bill is declared Truly Agreed to and Finally Passed. If either the House or the Senate rejects the committee report, it may be returned to the same or a newly appointed conference committee for further discussion.

8. **Consent bills.** There are procedures in both chambers to expedite bills that are considered non-controversial. In the House, any committee may, by unanimous consent, report a bill Do Pass by Consent as long as it doesn't have any impact on state revenues. The bill goes onto the Consent Bills for Perfection Calendar for 5 days. Unless 5 members object to it during that time, it is considered perfected and placed on the Consent bills for Third Reading Calendar. Such bills cannot be amended on third reading, but they may be amended by the Senate.
9. **Signing by the Governor.** Bills that are Truly Agreed to and Finally Passed are signed in open session by the Speaker of the House and the President Pro Tem of the Senate. At that time, any members may file objections, which are sent with the bill to the Governor. The Governor has 15 days to act on a bill if it is sent to him/her during the legislative session, and 45 days if the legislature has adjourned. The Governor has four options:
 - Sign the bill, so it becomes Missouri law.
 - Veto the bill. In this case, the bill is returned to the General Assembly. A 2/3 majority vote of both the House and Senate is required to override the veto.
 - Not sign the bill. In this case, when the time limit is up, the bill goes to the Secretary of State and becomes law.
 - Veto line items. The Governor may veto selected items **within appropriations bills only**. The General Assembly may override any such veto by a 2/3 majority vote of both the House and Senate.
10. **Effective date of laws.** Most laws take effect 90 days after the session ends (August 28 for regular sessions). Bills may also be passed with a specific effective date or an emergency clause. When a bill is passed with an emergency clause, it takes effect as soon as the Governor signs it.

For more information about the current legislative session go to:

<http://www.moga.mo.gov/>

Communicating with Legislators

More information about the legislature

A wealth of information about the legislature is available on the Missouri General Assembly home page at <http://www.moga.mo.gov/>

Available facts include:

- Legislators' names, addresses, and other contact information
- Legislative calendars
- Status of each bill's progress through the legislation

Legislative Activities

Local public health agencies and governing bodies can have a strong voice in educating legislators about issues and solutions. As unpaid elected officials, board members represent their constituents.

It is strongly recommended that boards of trustees develop a policy regarding involvement in legislative activity by the board and agency staff.

It is very important to get to know the House and Senate members who represent your jurisdiction. There is no substitute for an ongoing relationship with your policymakers. When legislators need information, they turn to constituents whom they know and trust. Ask yourself not, "Do I know my legislator?" but, "Does my legislator know me?"

Statewide advocacy organizations can provide a collective voice and a presence in Jefferson City. For example, the Missouri Association of Local Public Health Agencies (MoALPHA) has a legislative committee and takes positions on issues that come before the legislature.

Remember that legislators are extremely busy, especially during the legislative session. Communication must be very clear, concise, and to the point.

Silence on an issue is usually interpreted as apathy or agreement. If a legislator does not hear from those in support of a bill or appropriation action, he/she may think that it isn't worth pursuing because no one cares. If he/she proposes a change and hears no opposition to it, agreement may be assumed. So communication is very important.

See the Turning Point/Robert Wood Johnson site for more information on communicating with your legislators at <https://www.rwjf.org/en/library/research/2008/05/turning-point.html>.

The State Budget Process

The Missouri state fiscal year runs from July 1 through June 30. Preparation of the state budget begins at least one year in advance. The steps in the process are:

1. The Missouri Department of Health and Senior Services (MDHSS) prepares a budget request. In most year, this includes both “core” funding, to continue existing programs and services, and “new decision items” to fund new activities. Detailed information is included showing what has been accomplished with previous funding and what is to be accomplished with new funding.
2. The MDHSS budget request is submitted to the Office of Administration (OA) by October 1 as required by law. It is reviewed by OA staff and the Governor’s Office, along with the requests submitted by the other state departments.
3. OA and the Governor’s Office develop the Governor’s recommended budget for the next fiscal year. This is submitted to the legislature on the day of the Governor’s State of the State address in January. This is the official appropriation request of the Executive Branch and is supported by all executive departments including MDHSS.
4. Though not required by law, appropriation bills customarily originate in the House of Representatives. MDHSS’ budget is in House Bill 10, along with the Department of Mental Health. Appropriation bills are referred to the House Budget committee, which in turn relies on several subcommittees known as House Appropriation Committees. The House Appropriation Committees conduct hearings and listen to public testimony. MDHSS staff are called upon to provide detailed testimony about the department budget request and to answer questions.
5. After concluding hearings, the House Appropriations Committee members discuss changes to the proposed budget. Based on that input, the Appropriations Committee chair addresses a letter to the House Budget Committee chair outlining items favored for additional funding as well as items for which the Appropriations Committee does not recommend funding. This is done in a public hearing.
6. The bill then goes to the House Budget Committee, where the Appropriations Committee chair presents it. After discussion by committee members, the bill is “marked up” by the Committee, voted “do pass,” and sent to the full house.

7. The House debates the appropriation bill and sends its approved version to the Senate.
8. The Senate Budget Committee holds public hearings with testimony on House Bill 10. The committee then “marks up” the bill in public hearing and sends it to the Senate floor for debate and passage.
9. Unless the House and Senate bills are identical, they are sent to a conference committee for discussion. When the conference committee agrees upon a version, it goes back to both chambers for debate and passage. This process may need to be repeated. When both chambers pass an identical version of a bill, the bill goes to the Governor for consideration.
10. The Governor may sign House Bill 10, veto it, or exercise a line item veto to remove certain items while approving the overall bill. If the whole bill is vetoed, the legislature must be called into special session to pass a new version of the bill for the Governor’s consideration.
11. Provided the Governor has approved the bill, it goes into effect at the beginning of the state’s fiscal year on July 1.

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Resources

Government Agencies/Elected Officials

Centers for Disease Control & Prevention (CDC) <http://www.cdc.gov/>

Missouri Attorney General <http://www.ago.mo.gov>

Missouri Department of Health and Senior Services (MDHSS)
<http://www.health.mo.gov/>

Missouri Ethics Commission <http://www.moethics.mo.gov/>

Missouri General Assembly <http://www.moga.mo.gov/>

Missouri Public Entity Risk Management (MOPERM) <http://www.moperm.com/>

Missouri Secretary of State <http://sos.mo.gov/>

Missouri Secretary of State's Office – Missouri Hospital and Health District Records Manual <http://www.sos.mo.gov/archives/localrecs/schedules/hospital.asp>

Missouri State Board of Professional Registration <http://pr.mo.gov>

Missouri State Government Home Page <http://www.mo.gov/>

Public Health Organizations

National Association of Local Boards of Health (NALBOH)
<http://www.nalboh.org/>

National Association of City County Health Officers (NACCHO)
<http://www.naccho.org/>

American Public Health Association (APHA) <http://www.apha.org/>

Association of State & Territorial Health Officers (ASTHO) <http://www.astho.org/>

Missouri Association of Local Public Health Agencies (MoALPHA)
<http://www.moalpha.org/>

Missouri Environmental Health Association <http://www.mmfeha.org/>

Missouri Institute of Community Health (MICH) <http://michweb.org/>

Missouri Public Health Association (MPHA) <http://www.mopha.org/>

National Commission for Health Education www.nchec.org

National Environmental Health Association <http://www.neha.org/>

Turning Point Initiative
<https://www.rwjf.org/en/library/research/2008/05/turning-point.html>

Evaluation Tools

Community Health Improvement Resources
<http://www.health.mo.gov/data/chir/>

Guide to Community Preventive Services <http://www.thecommunityguide.org>

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
[Health Insurance Portability and Accountability Act of 1996](#)

Missouri Voluntary Local Public Health Agency Accreditation Program
<http://michweb.org>

National Public Health Performance Standards Program
<http://www.cdc.gov/od/ocphp/nphpsp>

Laws and Rules

Chapter 70, RSMo (Contractually created agencies)
<http://www.moga.mo.gov/STATUTES/C070.HTM>

Chapter 105, RSMo (Identifies Personal Financial Disclosure requirements)
<http://www.moga.mo.gov/statutes/C100-199/1050000483.HTM>
<http://www.moga.mo.gov/statutes/C100-199/1050000485.HTM>
<http://www.moga.mo.gov/statutes/C100-199/1050000487.HTM>

Chapter 192, RSMo (County Commission created local public health agencies)
<http://www.moga.mo.gov/statutes/C100-199/1920000280.HTM>

Chapter 205, RSMo (Identifies Board duties and powers)
<http://www.moga.mo.gov/statutes/C200-299/2050000042.HTM>

Section 192.300 RSMo (Provides for Boards of Trustees and County Commissions to enact local ordinances for their jurisdiction)

<http://www.moga.mo.gov/statutes/C100-199/1920000300.HTM>

Fair Labor Standards Act <http://www.opm.gov/flsa/>

Family Medical Leave Act

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

Legal Expense Fund

<http://www.moga.mo.gov/statutes/C100-199/1050000711.HTM>

<http://www.moga.mo.gov/statutes/C100-199/1050000716.HTM>

<http://www.moga.mo.gov/statutes/C100-199/1050000721.HTM>

<http://www.moga.mo.gov/statutes/C100-199/1050000726.HTM>

Missouri Open Meetings and Records Law (Sunshine)

<http://ago.mo.gov/missouri-law/sunshine-law>

Insurance

Missouri Consolidated Health Care Plan <http://www.mchcp.org>

Missouri Public Entity Risk Management <http://www.moperm.com>

Licensing and Certification

Missouri Division of Professional Registration <http://www.pr.mo.gov/>

Public Health Practitioner Certification Board <http://phpcb.org>

Other

Missouri Department of Health and Senior Services Public Health Nursing Manual

<http://health.mo.gov/living/lpha/phnursing/cphn.php>

Missouri Department of Health and Senior Services Resources (Local Public Health Agencies Infrastructure Report, Financial Review, Contract Information and numerous other publications.

<http://www.health.mo.gov/living/lpha/data.php>

Missouri Local Public Health Agencies by Governance Map

<http://www.health.mo.gov/living/lpha/pdf/ColorMapLPHA.pdf>

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